PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/719,477			ing Date 21/2003	To be Mailed		
APPLICATION AS FILED – PART I (Column 1) (Column 2)									SMALL ENTITY 🛛			OTHER THAN OR SMALL ENTITY		
Н	FOR	N	NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)		
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		ı	N/A		1	N/A			
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A		l	N/A		1	N/A			
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A			
	FAL CLAIMS CFR 1.16(i))		mir	nus 20 =				x \$ =		OR	x \$ =			
IND (37	EPENDENT CLAIM CFR 1.16(h))	S	m	inus 3 =			ı	x \$ =		1	x s =			
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	If the specification and draw sheets of paper, the applica is \$250 (\$125 for small enti- additional 50 sheets or frac 35 U.S.C. 41(a)(1)(G) and			n size fee due for each i thereof. See								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										1				
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		1	TOTAL			
	APP	OED – P/	_	SMALL ENTITY (OTHER THAN OR SMALL ENTITY							
AMENDMENT	03/12/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1 16(1))	• 37	Minus	39		= 0	l	X \$25 =	0	OR	x \$ =			
	Independent (37 CFR 1.16(h))	• 7	Minus	•••7		= 0	1	X \$105 =	0	OR	x s =			
	Application Size Fee (37 CFR 1.16(s))									П				
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR				
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE			
(Column 1) (Column 2) (Column 3)														
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1,16(i))		Minus	**				x \$ =		OR	x \$ =			
	Independent (37 CFR 1,16(h))		Minus	***				x \$ =		OR	x \$ =			
핆	Application Size Fee (37 CFR 1.16(s))]				
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))									OR				
										OR	TOTAL ADD'L FEE			
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.													

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